DESCRIPTION: Enteral nutrition (EN) is used in patients with a functional intestinal track with disorders of the pharynx, esophagus, or stomach that prevents nutrients from reaching the absorbing surfaces in the small intestine placing the patient at risk for malnutrition.

Medical food are for inborn errors of metabolism (IEM) or inherited metabolic disease (IMD) which are hereditary defects that interfere with one or more biochemical functions that are essential for life. In these disorders patients will be either in excess or deficient of one or more metabolites that can lead to metabolic abnormalities or severe systematic diseases.

INDICATION(S): Enteral nutrition is indicated for use with feeding tube as a medical necessity for any of the following conditions:
- An anatomic or structural disruption that prevents food from reaching the stomach, for example a tumor or stricture of the esophagus or stomach, tracheoesophageal fistula or neck cancer.
- Gastrointestinal disorders, such as disorder of absorption, digestion, utilization, secretion and storage of nutrients.
- Neurological or physiologic disorders that result in a swallowing or chewing problems.
- When there is a diagnosis of failure to thrive or a high risk for becoming malnourished.
- Cardiopulmonary disorders and other conditions of hyper-metabolism such as cancer or burns.
- Malabsorption unresponsive to standard age appropriate interventions when associated with failure to gain weight or meet established growth expectations.

Medical food is considered a medical necessity for dietary treatment of the following metabolic disorders:
- Argininosuccinic acidemia (ASA), Beta-ketothiolase deficiency (BKT), Carnitine uptake defect (CUD), Citrullinemia (CIT), Galactosemia (GALT), 3-OH 3-Chlor glutaric aciduria (HMG), Glutaric acidemia type I (GA I), Homocystinuria (HCY), Isovaleric acidemia (IVA), Maple Syrup Urine Disease (MSUD), 3-Methylcrotonyl-CoA carboxylase deficiency (3MCC), Methylmalonic acidemia (Cbl A, B), Methylmalonic acidemia (mutase deficiency) (MUT), Multiple carboxylase deficiency (MCD), Phenylketonuria (PKU), Propionic acidemia (PROP), Sulfite Oxidase Deficiency, Tyrosinemia type I (TYR I)

CRITERIA for APPROVAL:
- Patient has an indicated condition for use

OR

Medical Food
- Patient has diagnosis of IEM/IMD.
- Product is indicated for management of IEM/IMD listed above.
- Use is essential for treatment of IEM/IMD and failure of use will result in predictable adverse medical outcomes.

REASONS FOR Prior Authorization
- □ Cost
- □ Potential for misuse
- □ Toxicity

REASONS FOR DENIAL of BENEFIT:
1. Patient does not meet above criteria.
2. Product is used for increasing protein or calorie intake in addition to patient’s daily diet
3. Patient has stable nutritional status and use is for short term (<2 weeks)
4. Patient is able to take in ≥50% of diet by oral route
5. For routine pre or postoperative care

BENEFIT APPROVAL:
Approval for a three years

POLICY HISTORY
Created: 11/2016 – made to align with medicine policy and to include enteral nutrition
References: